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TELECOPY COVER SHEET

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TO: **Date:** January 30, 2004
Name: Office of Initial Patent Examination
Company: USPTO
Address:
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FROM: **Sender:** Robert J. Tosti
Telephone: (617) 248-7374

Number of Pages INCLUDING This Cover Sheet: 5

Client: BSC-065CPC1 (1002/1460)

Comments:

Request for Corrected Filing Receipt for USSN 10/667,159 and accompanying papers.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Gellman et al. CONFIRMATION NO. 8455
SERIAL NO.: 10/667,159 GROUP NO.: 3732
FILING DATE: September 19, 2003 EXAMINER: Not Yet Assigned
TITLE: Bone Anchor Placement Device with Recessed Anchor Mount

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile No. (703) 746-9195 on this 30th day of January, 2004.


Diane Racicot

Office of Initial Patent Examination
Customer Service Center
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Request for Corrected Filing Receipt (1 pg);
2. Marked copy of the Filing Receipt (2 pgs);
3. Copy of Supplemental Application Data Sheet (4 pgs);

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Customer Service Center
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

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Error In

Correct Data

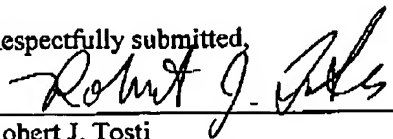
1. ☐ Applicant's name
2. ☒ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☐ Other

- 1.
2. North Easton, MA;
- 3.
- 4.
- 5.
- 6.
- 7.

Date: January 30, 2004
Reg. No. 35,393

Tel. No.: (617) 248-7374
Fax No.: (617) 248-7100

Respectfully submitted,


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3000613

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CONFIRMATION NO. 8455

FILING RECEIPT



Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Easton

Assignment For Published Patent Application

Scimed Life Systems, Inc., Maple Grove, MN;

This application is a CON of 09/738,378 12/15/2000 PAT 6,660,010
which is a CIP of 09/309,816 05/11/1999 PAT 6,241,736
which claims benefit of 60/085,113 05/12/1998
and claims benefit of 60/125,207 03/18/1999
and said 09/738,378 12/15/2000
is a CIP of 09/238,654 01/26/1999 PAT 6,264,676
which claims benefit of 60/072,641 01/27/1998

Foreign Applications

If Required, Foreign Filing License Granted: 12/15/2003

Projected Publication Dat : 03/25/2004

Non-Publication Request: No

Early Publication Request: No

Title

Bone anchor placement device with recessed anchor mount

Preliminary Class

606

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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